

# BLISS (A.A.)

Report of a Case of Epithelioma  
and of one of Sarcoma of  
the Larynx.

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REPORT OF A CASE OF  
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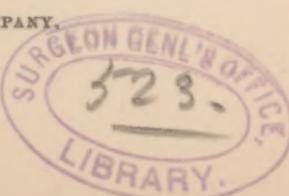
By ARTHUR AMES BLISS, A. M., M. D.,  
PHILADELPHIA.

CASE I. *Squamous Epithelioma of the Larynx.*—William B., aged forty-six years, married; printer. The family history of this patient was good, nor was there evidence of syphilitic infection. Tobacco, in the form of pipe-smoking, had been used in great excess.

The first symptoms which called the patient's attention to disease within the larynx originated about two years ago. It was then noted that the voice was slightly hoarse. This hoarseness increased steadily and was associated with slight soreness, which the patient could not locate exactly, but which he referred to the hyoid and subhyoid region. Gradually, interference with respiration developed and the lymphatic glands of the neck—most markedly on the left side—became hard and swollen. The three conditions of hoarseness, enlargement of the lymphatics, and dyspnoea notably increased, until, when the patient was first seen by me at the German Hospital, the act of inspiration was most difficult and the voice scarcely

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above a hoarse whisper. The conditions seen in the laryngeal mirror will be described later.

The patient delayed operative treatment until it was forced upon him by the extreme gravity of his condition. I performed tracheotomy in the high position, opening the first two rings of the trachea. This location was selected in preference to a lower opening, because of my expectation that consent would be gained for the performance of an operation for the removal of the growth at some subsequent time.

The patient's urine contained a considerable amount of albumin but was free from casts. As the heart sounds indicated atheroma, being weak and irregular, though free from valvular murmurs, we used ether as the anaesthetic. At about the completion of the first stage of etherization the patient's glottis closed tightly. No air entered the chest, the face became cyanosed, and the man was apparently moribund. This rendered a very rapid operation necessary. I am uncertain whether the closure of the glottis was due to spasm induced by the local irritation of the ether or was caused by accumulation of secretion from the growth. The patient remained in the hospital for about four weeks. At no time during this period could we have attempted a radical operation, as he was exceedingly weak and was liable to attacks of angina pectoris. Respiration was good, the general condition improved, and the man was on the point of leaving the hospital. The morning before the day chosen for his departure, however, he had an attack of angina pectoris and died suddenly from heart failure.

The view obtained by the laryngeal mirror revealed a large, swollen, partly oedematous mass of tissue occupying the seat of the left arytenoid, and involving the ventricular band of the same side. The left vocal cord was not visible, as it appeared to lie beneath the swelling. The right cord was seen clearly, appeared to be free from disease, and its movements, though much restricted by the presence of the swelling on the left side, were normal. The swelling itself extended so far beyond the median line, however, that the right cord was forced into a position of semi-abduction. Below the level of the cords I could not obtain a view, and had no exact idea of the condi-

tions existing there. Externally, there was no abnormal widening or stretching of the thyreoid cartilage. At no time did the patient complain of pain during deglutition.

As a result of the autopsy I am able to present the larynx and also a very good photograph of the specimen. A large



Squamous epithelioma of the larynx. Case I, William B.

area of granulation tissue is to be noted, extending from the location of the apex of the left arytenoid cartilage, over

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the entire left side of the larynx, extending as low as the inferior border of the cricoid cartilage. The left vocal cord has disappeared entirely. A probe passed through sinuses in the posterior part of this area which led into a sac between the larynx, in its left postero-lateral part, and the œsophagus. In this locality, within the cellular tissue between larynx and œsophagus, was a large abscess filled with greenish pus. The œsophageal walls appeared to be free from disease.

It would seem that the localization of this lesion to the left half of the larynx, and the fact that the wall of the œsophagus was not involved, would have rendered this case a favorable one for partial laryngectomy. The patient's family did not regard this operation with favor, nor was his general condition such as to encourage me in attempting this procedure. The autopsy showed the lungs to be normal. The pericardium was thickened, the heart muscle fatty, but the valves normal. The kidneys showed chronic parenchymatous nephritis.

CASE II. *Small Round-cell Sarcoma*.—John H., aged fifty-five years, married; laborer.

Family and personal histories are good. There is no evidence of syphilis. Tobacco, in the form of pipe smoking, he has used in excess, smoking fifteen to twenty "pipefuls" daily, using, most commonly, a clay pipe. He has been a steady whisky-drinker, but showed no evidence of alcoholism.

About eighteen months before admission to the German Hospital the patient began to be annoyed by sensations of swelling within the throat, associated with hoarseness. Shortly after the onset of these symptoms the lymphatics below the angles of the jaw became enlarged. Six months before admission interference with respiration began to be noted; inspiration was attended with stridor; dyspnoea became very marked upon exertion; the patient suffered greatly at night from occasional attacks of suffocation, which increased rapidly in frequency and severity.

At my first examination I found the pharynx normal. The epiglottis was covered with a large fungoid mass which had altered its shape completely, and which caused such enlargement of the part as to render a view of the vocal cords impossible. Portions of the arytenoid cartilages could be seen. The right arytenoid was swollen and oedematous. Externally there was no swelling over the thyreoid cartilage, but the suprathyroid tissues were much swollen, while the lymphatic glands at the angles of the jaw were greatly enlarged and of almost stony hardness. This condition was most pronounced upon the right side. Much pain was complained of, extending along the course of the right Eustachian tube. The patient's voice was reduced to a harsh-sounding whisper, occasionally breaking into a hoarse, resonant note. No relief to the symptoms followed the use of potassium iodide and mercury. Dyspnœa became so severe as to endanger the patient's life. A radical operation was refused, but the patient consented to tracheotomy. I performed the high operation, hoping that consent would be obtained for a more radical procedure later. Naturally, great relief followed the insertion of the cannula, but the patient was not to be persuaded to allow an operation for the removal of the growth. He lived for a year after the tracheotomy, continuing to wear the cannula, and died from exhaustion. His family would not allow a post-mortem examination to be made. A large piece of the granulation tissue, removed by a Mackenzie forceps from the epiglottis, was examined by Dr. Stengel, pathologist of the hospital, and the growth was pronounced to be a small round-cell sarcoma.

The patient never showed symptoms suggesting that the œsophagus was involved.

Both of these cases of laryngeal neoplasms, so far as the local conditions were concerned, appeared to be favorable for partial laryngectomy; yet how much this operation would have prolonged life in excess of that gained by tracheotomy is very doubtful. Dyspnœa of an alarming degree never occurred in either case after the insertion of the cannula. The case of sarcoma appeared to terminate

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in the normal way for such conditions. From all appearances the case of epithelioma would have continued living for an indefinite number of months had there been no cardiac or nephritic disease. My thanks are due to Dr. Stengel for his examinations and reports and to Dr. Page and Dr. Hand, residents of the hospital; to the former, for notes of the case of epithelioma and for preparation of the specimen; to the latter, for his excellent photograph of the larynx.

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FRANK P. FOSTER, M.D.

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